

Home Study Referral for Contracted Services

Use when requesting to contract with an approved provider for:

- Adoption Home Study
- ICPC Placement Home Study

Contracted home study can only be requested when one of the following is met:

REASON FOR THE REFERRAL

Conflict of Interest (Please briefly describe the conflict):

Expedited Home Study

Accommodation to address the cultural, developmental or language needs of the applicant family and/or child.
(Please specify barrier and type of translator needed)

Type of Home Study Requested: Adoption Home Study ICPC Placement Home Study

FAMILY INFORMATION

FAMILY NAME

PERSON ID NUMBER

ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

E-MAIL ADDRESS

TYPE OF CAREGIVER

Relative Placement Foster Parent Birth Parent Other:

Criminal history check completed? Yes No

Results:

CAMIS check completed? Yes No

Results:

IDENTIFIED CHILD INFORMATION

NAME

DATE OF BIRTH

AGE

PERSON ID NUMBER

LEGAL STATUS OF CHILD

HOW LONG HAS CHILD BEEN WITH CURRENT CAREGIVER

Is the child in placement with the family identified above? Yes No

| | | | |
|---|---|--|---|
| CHILD CHARACTERISTICS (MARK ALL THAT APPLY) | | | |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Part of a Sibling Group | <input type="checkbox"/> Emotional Issues |
| <input type="checkbox"/> Educational Issues | <input type="checkbox"/> Other: | | |
| Has there been a Shared Planning Meeting (Adoption Planning Review)? <input type="checkbox"/> Yes <input type="checkbox"/> No When: | | | |
| Special issues (risk factors) for the Contractor to consider when doing the home study (as appropriate) | | | |
| REFERRING SOCIAL WORKER'S NAME | | | |
| ADDRESS | | CITY | STATE ZIP CODE |
| TELEPHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS | |
| SUPERVISOR'S NAME | | TELEPHONE NUMBER | |
| SOCIAL WORKER'S SIGNATURE | | | DATE |
| APPROVAL | | | |
| This request to have a home study completed through a contracted provider has been approved by: | | | |
| SUPERVISOR'S SIGNATURE (REQUIRED) | | | DATE |
| ADOPTION SUPERVISOR'S SIGNATURE (REQUIRED) | | | DATE |
| AREA ADMINISTRATOR OR DESIGNEE'S SIGNATURE (REQUIRED) | | | DATE |
| PROPOSED CONTRACTOR | | | |
| _____ Is authorized to complete an adoption or a placement home | | | |
| CONTRACTOR'S NAME | | | |
| Study on the above caregiver. The social worker will provide documents/information on the identified applicant within two days of this agreement. | | | |
| The start date for completion of the home study begins _____ | | | |
| CONTRACTOR ACCEPTANCE | | | |
| I _____ the contractor agree, to complete the home study on the | | | |
| CONTRACTOR'S NAME | | | |
| above caregiver within 45 days of the date of my signature and meet statutory and department requirements. | | | |
| SIGNATURE | | | DATE |